₹. SW	ORN STATE	MENT IN PROOF OF LOS	5S 005-05-207719
		TESOP	O05-05-207719 CLAIM NUMBER NZF-02663581 FOLICY NUMBER Van Nys CA
5,137,000.00 - Contents		FIREMAN'S FUND INSURANCE COMPANY 200	IERO DE DECESEO
AMOUNT OF POLICY AT TIME OF LOSS		THE AMERICAN INSURANCE COMPANY	POLICY NUMBER
06/30/05	Fireman's	NATIONAL SURETY CORPORATION	
DATE ISSUED	Fund	ASSOCIATED INDEMNITY CORPORATION	AGENCY AT
06/30/06 DATE EXPIRES		AMERICAN AUTOMOBILE INSURANCE COMPANY	Dewitt Stern of CA
To the	The Americ	can Insurance Company	//OEM
of Novato, CA	THE THE LAND	an insurance company	
	ed policy of insurance	you insured_Mariah Carey C/O Ge	Olfand Ronnort &
against loss by All Ris	<u>. </u>		
the terms and conditions of the said	d policy and all law	to the property described to the property de	under Schedule "A," according to
1. Time and Origin: A Water	r Damage	loss occurred about the	hents attached thereto.
•	(State Kind)		
on the 02 day of April	2005 The ca	use and origin of the said loss were:_W	later Damage Infultration
from the buildings R	oof Tank		
2 O The 1 11/1 - 1	1 1		
and for no other purpose whateve	nbed, or containing Condo T	the property described, was occupied	at the time of the loss as follows,
und for the office purpose wholeve		TIPTEX UITI	
3. Title and Interest: At the time of	the loss the interest	of your insured in the property describ	ed therein was
as_owned		No other person or	persons had any interest therein or
incumbrance thereon, except:	_no_exceptions		
4. Changes: Since the said police	v was issued there	has been no assignment thereof, or ch	
possession, location or exposure of t	he property describe	ed except: as per policy	nange of interest, use, occupancy,
		- as per portey	
P. T. I.I.			
total insurance: The total amo	ount of insurance up	pon the property described by this po	licy was, at the time of the loss,
there was no policy or other contr	e particularly specifi	ed in the apportionment attached und	der Schedule "C," besides which
mare was no posicy or other conf.	aci or insurance, wr	itten of ordi, valid of invalid.	
6. Full Replacement Cost of the sa	id property at the ti	me of the loss was	. \$
7. The Full Cost of Repair or Repla	acement is	· · · · · · · Contents · · ·	\$ 6,342.44 11,794.65
8. Applicable Depreciation is		• • • • • • • • • • • • • • • • • • • •	. \$
9. Actual Cash Value loss is (Line			. \$ 6,342.44 11,794.65
10. Less deductibles and/or parti			. \$
11. Actual Cash Value Claim is (L	Partial	payment 🔯 Final payment	6,342.44 11,794.65
		the terms and conditions of the Replace	
Cost Coverage within	days from date	of loss as shown above, will not exceed	emenr
this figure will be that portion	n of the amounts sha	own on lines 8 and 10 which is recover	ablal
The said loss did NOT originate by any act, the Insured or this affiant to violate the condit	design or procurement on t	he port of the Insured of this affiant: nothing has ber it void: no orticles are mentioned herein or in any id Insured at time of said loss; no property saved in any manner been mode. In consideration of the hich claim is being made to the extent of such p. It IS EXPRESSLY UNDERSTOOD AND ANEED. IT ANY AGENT OF THE COMPANY NAMED HEREIN I	een done by or with the privity or consent of
ing damaged or destroyed, and belonging to, attempt to deceive the said Company, as to t	and in passession of the sa	id insured at time of said loss; no property saved	has been in any manner concealed, and no
the Company to all rights, title and interest in required will be furnished on call and conside	and to the property for w	thich claim is being made to the extent of such p. IT IS EXPRRESSLY UNDERSTOOD AND AGREED. T	payment. Any other information that may be HAI THE FURNISHING OF THIS RIANK TO
COMPANY.	FS BY AN ADJUSTER, OR	ANY AGENT OF THE COMPANY NAMED HEREIN I	S NOT A WAIVER OF ANY RIGHTS OF SAID
State of	STANLEY LI		
STORE STATE OF	—— Notary Public, NY No. 02 L16061!		D0210
County of N	Comm. Expires J	uly 16,700 (x	O P0219
	1200	i	INSURED
Subscribed and sworn to before me	this 13 day of_	Mach 12006	1
	ANY PERSON WHO K	NOWINGLY AND WITH INTENT TO DEFRA	LID ANY INSUBANCE COMPANY OF
	OTHER PERSON FILES	PASTATEMENT OF CLAIM CONTAINING AN	Y MATERIALLY FALSE INFORMATION
405035=1-75 (N1)	OR CONCEALS, FOR TH	HE PURPOSE)OF MISLEADING, INFORMATION	CONCERNING ANY FACT MATERIAL
	THERETO, COMMITS A	FRAUDULENT INSURANCE ACT, WHICH IS A	A CRIME.

SCHEDULE "A"-POLICY FORM

Policy Form No	0	Dated							
tem 1. \$	OI)							
tem 2. \$	01)							
10111 J. J	0	1							
itratea									
oinsurance, /	Average, Distrib	ution, or Deductible Clauses, if ar	NY			· · · · · · · · · · · · · · · · · · ·			
oss, it any, pa	iyable to	<u> </u>							
		SCHEDL STATEMENT OF ACTUAL CASH V		AND	DAMAGE				
		* office and administration of the second				ACTUALO		1000 111	
						VALUE		LOSS AN	
ŀ					-				
		· · · · · · · · · · · · · · · · · · ·							
									_
						<u> </u>			
Ì								T	
									
								1	
							 		
OTALS:								1	
		SCHEDULE "C"—A	APPORTIONMEN'	r					
POLICY NO.	NO EVENORE MANUS OF COLUMN ITEM NO.			ITEM NO.					
POLICT NO.	EXPIRES	NAME OF COMPANY	<u> </u>	INSURES PAYS		INSL		PAYS	
				П	10.11.0				Ţ
			1	ll		1			
				\vdash					╀
						- 1	.		1
						_	$\dashv \dashv$		╁
OTALS:									
This release	to be used only	r in case check is to be made payo		an th	ne assured.	 			
hereburee	acted authority	ad and an	 -				_insura	ince Comp	ar
nercoy requ	eared, dominorize	su ana empowerea to pay as tollo	ows:						
To					ine sum of \$	·			
					iolai a		• • • •		
In full settle	ment and satisfe	action for all loss and damage wh	nich occurred on				1	o the pror	eri
escribed in th	e Proof of Loss (attached thereto, and covered un	<u>ميدي</u> د der Poligy: No	ma.		_issued to	the ur	ndersigne	i.
			のうさう しき あけっし	Λ	2.4				
In considere emands, or li	ation of such po ability whatsoe	ayment, said Company is hereb ver for said loss and damage, und	y discharged ar der said policy.	id f	ກ່ever relec ເພື່ອ	sed from	any a	nd all cla	im
		Assured_							
ate		Mortagona							
		wouldadee							

-

SWORN STATEMENT IN PROOF OF LOSS

•	SWORK SIAIL	MENI IN TR		
		·	TOM TESORIER	CLAIM NUMBER
ALE - Unlimited AMOUNT OF POLICY AT TIME OF LOSS		• · _	'ESORIEC	NZF-02663581
		THE AMERICAN INSU	SURANT POMPANY	O POLICY NUMBER
06/30/05	Fireman's	NATIONAL SURETY C	TANCE COMPANY 700.	Van Nys CA
DATE ISSUED	Fund	ASSOCIATED INDEMN		AGENCY AT
06/30/06	rusiu	_ AMERICAN AUTOMOB	ILE INSURANCE COMPANY	Dewitt Stern of CA
DATE EXPIRES	Thomasi	T	•	AGENT
To the	inemer)(can Insurance Co	ompany	
of Novato, CA				
At time of loss, by the above ind Feldman, LLP	icated policy of insurance	e you insured Mar:	iah Carey C/O Gel	fand Rennert &
against loss by A	11 Risk	to the	property described unc	der Schedule "A," according to
the terms and conditions of the	said policy and all for	ms, endorsements, tr	ansfers and assignmen	ts attached thereto
1. Time and Origin: A Wat	er Damage		ss occurred about the	hour of o'clock M
	(State Kind)			hour ofo'clockM.,
on the 02 day of April	2005 The c	ause and oriain of t	he said loss were: Wa	ter Damage-Infultration
from the buildings	Roof Tank			res pamage-intuitration
2. Occupancy: The building	described, or containin	g the property descr	ibed, was occupied at	the time of the loss as follows.
and for no other purpose who	stever: Condo 1	riplex Unit	·	
3. Title and Interest: At the tir	ne of the loss the intere	st of your insured in	the property described	therein was
as_owned	-		_No other person or pe	ersons had any interest therein or
incumbrance thereon, except:	no excepti	ons		mono nad dny knorosi merem or
	<u> </u>			
4. Changes: Since the said	policy was issued there	has been no assig	nment thereof, or char	age of interest, use, occupancy,
possession, location or exposure	of the property describ	ped except:as	per policy	
-		<u> </u>		
5. Total Insurance: The total	amount of insurance	upon the property of	lescribed by this polic	y was, at the time of the loss,
\$ALE_Unlimited_, as	more particularly spec	ified in the apportion	nment attached under	Schedule "C," besides which
there was no policy or other	contract of insurance, v	vritten or oral, valid	or invalid.	
6. Full Replacement Cost of the	ie said property at the	time of the loss was		\$
7. The Full Cost of Repair or I	Replacement is . Add	'기 Living Expen	se-Loss #1. · ·	\$743,388.33 770.874.
8. Applicable Depreciation is				\$
9. Actual Cash Value loss is (I	ine 7 minus Line 8) .			\$ 143,388.33 70, 714.
10. Less deductibles and/or				\$
	☐ Partia		Final payment	742 200 20 754
11. Actual Cash Value Claim				\$7 43,388.33 770,874.
12. Supplemental Claim, to be				ent
Cost Coverage within (This figure will be that po	days from date	ie of loss as shown at	ove, will not exceed .	\$
The soid loss did NOT originate by any	act, design or procurement of	the part of the insured of	this offices nothing has been	done by as with the points, as seemed of
the insured or this official to violate the ing damaged or destroyed, and belongin	conditions of this policy, or re- g to, and in possession of the	ider it void; no articles are said Insured at time of sai	mentioned herein or in annexed	ed schedules but such as were in the build-
attempt to deceive the said Company, of the Company to all rights, title and inte	is to the extent of soid loss, hi	as in any manner been mad which claim is being mad	le. In consideration of the pay	ment made, the insured hereby subrogates
required will be furnished on call and c THE INSURED OR THE PREPARING OF	onsidered a part of these Proo	Is. IT IS EXPRRESSLY UNDE	RSTOOD AND AGREED THA	THE FURNISHING OF THIS BLANK TO
COMPANY.	STANLEY	IM IV Ctote		done by or with the privity or consent of a scheduler but such as were in the build- is been in any manner concealed, and no ment made, the Insured hereby subragates nent. Any other information that may be I THE FURNISHING OF THIS BLANK TO OT A WAIVER OF ANY RIGHTS OF SAID
State of	Motary Public, 1 No. 02L1606		111	/
	Comm. Expires	July 16, 2007	4	D0222
County of		Y	() P0222
	inh			INSURED
Subscribed and sworn to before	me this Y Jan at	MAY	manh	
CONTROL CHIC SWOTH TO DRIVE	•			
	ANY PERSON WHO	KNOWINGLY AND WIT	TH INTENT TO DEFRAUD	ANY INSURANCE COMPANY OR
405033 1 == 4103	OTHER PERSON FILE	301651KYPWENT OF CL	LAIM CONTAINING ANY N	MATERIALLY FALSE INFORMATION,
405033—1-75 (NY)	OR CONCEALS, FOR	The purpose of Misli	EADING, INFORMATION C	ONCERNING ANY FACT MATERIAL
	THERETO, COMMITS	A FRAUDULENT INSUR	ANCE ACT, WHICH IS A C	RIME.



SCHEDULE "A"-POLICY FORM

olicy Form No	·	Dated					
em 1. \$	0	n					
em 2. \$	0	n <u> </u>					
em 3. \$	o	n					
tuated					-·· · · · · · ·		
oinsurance, A	werage, Distrib	oution, or Deductible Clauses, if any				·	
ss, it any, pa	yable to	•					
		SCHEDULE STATEMENT OF ACTUAL CASH VAL		DAMAGE			
					ACTUAL CASH VALUE	LOSS AND DAMAGE	
				}			
							
					1 1		
							
OTALS:							
		SCHEDULE "C"AP	PPORTIONMENT				
POLICY NO.	EXPIRES	NAME OF COMPANY	ITEM NO_		ITEM NO_		
		NAME OF COMPANY	INSURES	PAYS	INSURES	PAYS	
						i I	
·					- -		
				1			
OTALS:						ļ	
	<u> </u>		<u> </u>	 			
This release	to be used onl	y in case check is to be made payab	1-444		•		
111131414436	TO DE USEC OTT	y in case check is to be made payab	pie to others than th	e assurea.	•		
		RELEASE AND AUT	THORIZATION				
The			 		Insurc	ance Compar	
nerecy requi	esiea, avinoriz	ea ana empowerea to pay as tollow	vs:				
To			!	he sum of \$_ he sum of \$_			
			· · · · · · · · · · · · · · · · · · ·				
In full settle	ment and satisf	faction for all loss and damage which attached thereto, and covered unde	ch occurred on			to the proper	
escribed in th	e Proof of Loss	attached thereto, and covered und ϵ	er Bolicy No.	309	issued to the ur	ndersigned.	
lm	-N 6 1		a: 1	1			
ui considero	mon or such b	payment, said Company is hereby ever for said loss and damage, unde	discharged and fo	rëver releas	ed from any a	ınd all claim	
		Assured					
ate		**					
J. C.		Mortgagee		 			

•	WORN STATE	MENT IN PROOF	Or LOSS	005-05-207719
		7 101	ESOD -	CLAIM NUMBER
5,137,000.00 - I&B		T FIREMAN'S FUND INSURANCE	ESORIERO N	ZF-02663581
		THE AMERICAN INSURANCE COM	200s	POLICY NUMBER
06/30/05 DATE ISSUED	Fireman's	ASSOCIATED INDEMNITY CORPOR	· <u>v</u>	antys CA AGENCY AT
06/30/06 DATE EXPIRES	<u>Fund</u>	AMERICAN AUTOMOBILE INSURAN		itt Stern of CA
	The formula	· Y		AGENT
To the		can Insurance Company	,	······································
of Novato, C. At time of loss, by the above indi	cated policy of insurance	you increase Mariah Care	v C/O Gelfan	d Rennert &
Feldman, LLP		700 11130160		
against loss by All	Risk	to the property of	described under 1	Schedule "A," according to
the terms and conditions of the Nate: 1. Time and Origin: A water	said policy and all form	s, endorsements, transfers ar	nd assignments a	trached thereto.
1. Time and Origin: A water	(State Kind)	loss occurre	ed about the hou	r ofo'clockM.
on the day of April	(Siore King)		Water	Damage Infultration
from the buildings	Roof Tank	use and origin of the said to	ss were: "True"	Panage Intarcracion
2. Occupancy: The building d	escribed, or containing	the property described, was	occupied at the	time of the loss as follows
and for no other purpose what	ever: Condo Tr	i-plex Unit		
3. Title and Interest: At the time	e of the loss the interest	of your insured in the prope	عاد مادوناندها	
us office		No other	Derson or person	s had any interest therein a
incumbrance thereon, except:	no except:	ions		The dry micros morem of
4. Changes: Since the said p	olicy was issued than	hae haan an animana al		
possession, location or exposure	of the property describe	d except: as per po	reon, or change licy	of interest, use, occupancy
5. Total insurance: The total of \$.5,137,000.00 as rethere was no policy or other cost. 6. Full Replacement Cost of the factor of the full Cost of Receiver.	more particularly specific ontract of insurance, wri	ed in the apportionment att tten or oral, valid or involid.	ached under Sch	as, at the time of the lass nedule "C," besides which
 The Full Cost of Repair or Re Applicable Depreciation is 	ibiocement is 1609b	t.l&BLoss #1		-
9. Actual Cash Value loss is (Li	ne 7 minus Line 8)	• • • • • • • • • • •		691,954.22
10. Less deductibles and/or p			· · · · ·	\$
11. Actual Cash Value Claim i	Partial	payment 🔯 Final pay	rment	691,954.22
12. Supplemental Claim, to be	filed in accordance with	the terms and conditions of t	he Replacement	
Cost Coverage within	days from date	of loss as shown above, will a	not exceed .	\$_ P0225
The said loss did NOT originate by any a the Insured or this afficint to violate the coing damaged or destroyed, and belonging attempt to deceive the said Company, as the Company to all rights, site and interrequired will be furnished on call and control the The Insured or THE PREPARING OF PICOMPANY.	ct, design or procurement on the	e part of the Insured of this affiant; r it void; no articles are mentioned he	nothing has been done crein ar in annexed sch	by ar with the privity or consent o
attempt to deceive the said Company, as the Company to all rights, title and intere	to the extent of said loss, has it in and to the property for wi	in any manner been made. In consider thich claim is being made to the extension	ration of the payment ent of such payment	t in only manner concealed, and ac made, the insured hereby subragate Any other information that may be
THE INSURED OR THE PREPARING OF PLEOMPANY.	ROOFS BY AN ADJUSTER, OR	IT IS EXPRRESSLY UNDERSTOOD AN ANY AGENT OF THE COMPANY/NAM	D ACREED, THAT THE SEO HEREIN IS NOT A	FURNISHING OF THIS BLANK TO WAIVER OF ANY RIGHTS OF SAID
State of NY	Notary Public, NY	State Vy ///O		
	No. 021,160615 Comm. Expires Ju	86 N 16. 20×7		
County of 10	 ,	X		
Subscribed and sworn to before i	me this 16 day of	may	<u> 3</u> 006	INSURED
	ANY PERSON WHO KI	NOWINGLY AND WITH INTENT	TO DEFRAUD AN	Y INSURANCE COMPANY OR
405093—1-75 (NY)	OR CONCEALS, FOR TH	PSTAYEMENT OF CLAIM CONT. E PURPOGEIOF MISLEADING, IN	AINING ANY MATE FORMATION CONCI	KIALLY FALSE INFORMATION, FRNING ANY FACT. MATERIAI
	THERETO, COMMITS A	FRAUDULENT INSURANCE ACT,	WHICH IS A CRIME	(See Back)

SCHEDULE "A"—POLICY FORM

				Dated								
Item 1. \$			_on									
Item 2. \$	on											
			_on									
Situated		D) .		4 41 51				·				
Coinsurani	ce, Ave	erage, Dist	ribution, or De	ductible Clauses, if a	iny			<u></u>				
coss, ir any	, paya	DIE 10										
			STATEMEN	SCHED IT OF ACTUAL CASH	ULE "B" VALUE AN	D LOSS A	ND	DAMAGE				
1.	Agı	reed Ter	ant I&B Re	pairs					AC	TUAL CASH VALUE	LOSS AI	
	ļ		 ·						_		669,62	1.61
2.	Mole	d Remedi	ation (Ind	irect Water Dam	ages)	SX004			<u> </u>		22,32	.61
				Total	Tenant	I&B			-		691,95	22
TOTALS:									-			
				SCHEDULE "C"	-APPORTIC	ONMENT	•					<u> </u>
2000000	_	51/01050				Mati	NO			ITEM NO		
POLICY N	0.	EXPIRES	NAME OF COMPANY		INSURE		PAYS		INSURES	PAYS		
	1								\Box	<u>-</u>	T	
					:							
TOTALS:												
												-
This rel	ease to	be used o	only in case che	eck is to be made pay	yable to o	thers the	in th	e assured				
				RELEASE AND	AUTHORIZ	ATION						
Theis hereby i	reques	ted, autho	rized and emp	owered to pay as fol	lows:					lnsu	rance Con	pany
To							1	the sum of	2			
To								the sum of	\$			
								Total	\$			
In full s	ettlem	ent and sa	tisfaction for a	ll loss and damage v	vhich occi	irred on					to the pro	nerty
described	in the	Proof of Lo	ss attached the	ereto, and covered u	nder Polit	V No ::	aT::		iss	ued to the	undersian	ed.
					ದವ್ಯ	YH SIG	3.4.5	ton ·			_	
In cons demands,	iderati or liab	ion of sucl pility what:	h payment, sa soever for said	id Company is here loss and damage, u	by digging nder said	policy.	P. C.	g <u>re</u> yer rele	easec	l from any	and all c	laims,
				Assured	d							
Date				Mortgage	e							